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CONFIRMATION NO. 3955

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**\*\* CONTINUING DATA \*\*\*\*\***  
*me AS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*me AS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/09/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 74	<b>INDEPENDENT CLAIMS</b> 10
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Verified and Acknowledged  
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**TITLE**  
 System and method for replacing degenerated spinal disks

<b>FILING FEE RECEIVED</b> 1237	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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